American Optometric Association
NEWS

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Scope of practice advances

Louisiana ODs gain all orals, topicals

A new Louisiana law extending optometrists' prescription authority to include all oral drugs went into effect on Aug. 15.

Gov. Kathleen Blanco (D) signed the legislation on June 21 after several years of lobbying and educating the legislature by the Optometry Association of Louisiana (OAL).

"The new law allows therapeutically licensed ODs in Louisiana to prescribe all orals (except schedule I and II narcotics) and all topicals, relative to treatment of the eye and adnexa," said Timothy J. Barry, O.D., immediate past president of the OAL and a member of the AOA State Government Relations Center Executive Committee. "This bill allows our patients access to any existing or future oral or topical medication relative to eye care."

"We were concerned as much for the future as the present, as we think there are going to be new oral drugs for conditions such as glaucoma and dry eye, and optometrists would not have been able to prescribe them," said Jim Sandefur, O.D., OAL executive director. "We are now protected into the future."

Drs. Barry and Sandefur met with all of the members of the House Health and Welfare Committee to educate them about the legislation prior to the vote.

"After clearing the House committee, OAL members stormed the Capitol for the House vote, which was won 78-24, and then again for the

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Illinois expands ODs orals authority

Illinois Gov. Rod Blagojevich (D) signed HB 1366 into law on Aug. 17. The law expands optometrists' oral prescriptive authority in the state.

"The law provides us with all oral medications needed to treat our patients," said Michael Horstman, Illinois Optometric Association executive director.

The act adds the authority to prescribe oral anti-infective agents, oral anti-allergy agents, oral anti-glaucoma agents (except oral carbonic anhydrase inhibitors, which may be prescribed only in a quantity to provide treatment for up to 72 hours), oral anti-inflammatory agents (except oral steroids), the use of injection for treatment of anaphylaxis, and controlled analgesics in Schedules III, IV, or V in quantities to provide treatment for up to 72 hours.

Oral drugs for children under 5 years of age may only be prescribed in consultation with a physician.

"The bill is a culmination of three to four years of effort by the association, the Illinois College of Optometry, and the Illinois Eye Institute all working together to obtain its passage," said Horstman. "It truly was a team effort."

The law goes into effect on Jan. 1, 2008.

Licensees renewing their licenses in the cycle beginning April 1, 2008, will be required to pass an orals course as approved by the optometry board.

New Jersey passes pilot program for 2nd-grade eye exams

New Jersey Gov. Jon S. Corzine (D) signed A3817, which establishes a three-year pilot program to conduct comprehensive eye examinations for second-grade students, on Aug. 2.

"By implementing this program, we hope to minimize the number of children whose vision problems too often go undetected, resulting in their being categorized as special education students," said Gov. Corzine.

"This law was the result of Assemblyman Diegnan's interest on the issue of children's vision and its impact on children being inappropriately placed into special education settings," said Bryan Markowitz, New Jersey Society of Optometric Physicians executive director.

Eye assessments "will help ensure that children with undiagnosed vision impairments are not incorrectly classified as needing to be enrolled in special education classes," said Assemblyman Patrick Diegnan (D). "There are indications that a growing number of parents of students with poor eyesight are erroneously being told their child needs placement in a special education program."

In the spring of 2006, the New Jersey Commission

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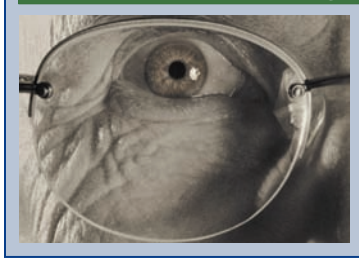
At a glance:



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References: 1. Contact Lens Research Services. Andrasko corneal staining grid. Available at: http://www.stainninggrid.com/grid.aspx. Accessed April 24, 2007. **2.** Andrasko GJ, Ryen KA, Garofalo RJ, et al. Compatibility of silicone hydrogel lenses with multi-purpose solutions. Alcon Laboratories, Inc. Poster presented at: ARVO; April 2006; Fort Lauderdale, Fla. **3.** Data on file. Alcon Laboratories, Inc. **4.** Meadows D, Ketelson H, David R, et al. The impact of water content and care regimen on the long term ex vivo clinical wettability of soft contact lenses. Poster presented at: AAO; Dec. 2005; San Diego, Calif. **5.** Meadows DL, Ketelson HA, McQueen N, Stone R. Dynamic wetting behavior of pHEMA-MAA and silicone hydrogel contact lenses. Alcon Laboratories, Ft. Worth, Tex. ARVO Poster. 2004. **6.** Survey of 305 Optometrists. Harris Interactive® December 2006.

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Optometry 2020 – Back to the Future

In 1985, a delightful film appeared in theaters featuring an eccentric scientist by the name of Dr. Emmett Brown who created a time machine out of a nuclear-powered DeLorean.

Back to the Future intrigued moviegoers with what it would be like to travel back and forth in time. How incredibly useful would such a machine be to the AOA to predict the future of health care so we could prepare today for the certain changes of tomorrow? What would we do differently today if we knew what would happen in the future?

In 2005, AOA President Wesley Pittman, O.D., created optometry's version of a time machine when he put in motion plans for Optometry 2020 – a series of three profession-wide summits to look at the future of eye care and optometry's role in the future.

Between August 2005 and August 2006 and involving three separate Summits, 250 attendees from 20 optometric organizations met to look at the future. In Summit I, participants developed a sense of optometry's role in the year 2020 as we heard from futurists, economists and experts in our field—learning about people, business, health care and economics.

Throughout the Summits, participants concentrated on eight areas of interest: 1) Eye Care Patient/Consumer, 2) Science and Technology, 3) Economics, 4) Eye Care Delivery, 5) Human Resources, 6) Knowledge, Education and Training, 7) Licensure, Regulation and Continued/Advanced Competence and 8) Industry and Profession Synergies.

Summit II participants took the information presented in Summit I and developed a list of "preferred futures" for each of the eight areas of interest. Between Summit II and Summit III, participants reviewed these futures and ranked each according to importance to the profession and our patients.

The charge at the third and final Summit was twofold. First, participants were asked to finalize the list of "preferred futures" resulting in a list of 57 possible futures that could lead to better patient care and a stronger profession by the year 2020. Second, each optometric organization was asked to identify four to six futures they thought their groups could influence.

I'd like to review the futures selected by representatives of the AOA and state affiliates at Summit III and give you some insight into how these futures have been incorporated into the AOA's strategic plan.

All consumers seek optometry as THE absolute first and best point of access to quality eye and vision care.

This future has been a top priority of the AOA for many years. Our recent work with Hill & Knowlton has achieved real results in advancing optometry as the "top-of-mind" source for eye and vision care.

Impact of new technologies —The impact of advanced technology has increased quality of care, access to care and optometric productivity.

Technological changes in eye care delivery systems allow optometry to focus more on diagnosing and treating ocular and systemic conditions/diseases. Optometry fully incorporates genomics.

The AOA continues to work with the schools and colleges to incorporate the latest technology into our optometric curricula. Our relationships with optometric researchers through the AOA Council on Research allow the AOA to participate in advances in technology and science in a very direct way. The continuing education courses and extensive exhibits presented at Optometry's Meeting™ put new technology directly in front of practitioners who quickly implement products and instruments in their practices.

Doctors of Optometry are participating in any third-party plan of their choice without discrimination regarding reimbursement or access.

The AOA, along with our state affiliates, continue to make inroads with inclusion of optometric services and practitioners in health plans across the country. It is a slow and difficult process, and the AOA needs the support of every optometrist in order to achieve this critical future.

Dr. Alexander

Ninety percent of optometrists representing all modes of practice are members of the AOA (or its current equivalent).

Optometry will succeed as a profession only if it is represented by a strong professional association. The AOA continues to strive to increase its numbers by serving its members with a strong advocacy agenda and programs that lead to better eye care for our patients.

Optometry has a system of uniform licensure and regulation across all jurisdictions.

The AOA recognizes the benefits of uniform recognition of our profession in terms of mobility of optometrists. It is clear that the future will see increased mobility of the workforce, and optometry must respond. Doing this legislatively may be prohibitive, which is one of the reasons the AOA, along with other organizations, agreed to look at

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Optometry takes message to state legislators

At the National Conference of State Legislatures (NCSL), members of the State Government Relations Center Executive Committee, from left, Timothy J. Barry, O.D., and Robert L. Jarrell, III, O.D., and Richard T. Lawless, executive director of the Massachusetts Society of Optometrists, met with legislators and others. Experiencing its largest attendance ever — at 9,100 registrants, including 1,900 state legislators — the NCSL, the largest membership organization for state legislators, convened for its annual meeting in Boston, August 5–9.

The NCSL is a bipartisan membership organization that serves the nation's 7,382 state lawmakers and legislative staff.

Dr. Barry noted "attending this meeting provides us with the biggest bang for the buck by having an opportunity to educate legislators from states who have very limited scope of practice about how optometry in states with broad prescriptive authority have enhanced patient access to full-scope primary eye care."

He added, "The next best thing was being able to meet with my local legislators and letting them see optometry has a national presence with a familiar face. Seeing these same faces in a Louisiana committee hearing the Monday following NCSL carried an unspeakable weight in defeating a resolution under consideration in the Louisiana legislature that would have created a medical-based review board over all future scope of practice legislation."

"From my perspective, exhibiting at NCSL provides AOA with a great opportunity to connect with legislators," said Dr. Jarrell, from New Mexico. "SGRC has great knowledge of the key legislative battles in every state. At NCSL we are able to talk to legislators who have supported optometric legislation in their home state. Our ability to discuss their legislation surprised them and really gave them a sense of pride that they had supported something with national implications."

LETTERS

Thanks to the AOA Foundation

Editor:

On June 26, 2007, my practice was flooded as were other businesses, homes, and properties across Texas. This week I received a check from the AOA Foundation. I wanted to take a moment to thank the AOA for this service and helping out in times of need. Believe me, when you pay your annual dues the last thing that comes to mind is your professional organization will come to your assistance after a disaster. Thank you again.

Robert L. Staples, O.D.
Wichita Falls, TX

Microwaving contact lens cases not ideal

Editor:

Do not recommend patients to microwave their contact lens case. To test the recommendation in the April 16, 2007, edition of *AOA News,* we placed several screw top cases in the microwave and set for three minutes as instructed. At two minutes, one of the cases melted and severely permeated the office with a foul odor. Unless you want a disgruntled patient demanding that you replace their microwave oven and deodorize their house, don't recommend disinfecting in the microwave.

Geoffrey Carlson, O.D.
Oroville, CA

Editor's note: *In response to Dr. Carlson's letter, Louise Sclafani, O.D., chair of the AOA Contact Lens and Cornea Section, and Christine Sindt, O.D., tested all available lens cases.*

They caution that cases should always be open, and placed in microwave-safe containers filled with water.

However, even in those conditions, microwaving the cases can lead to case destruction and could allow some pathogens to survive, they say. Look for the AOA to urge more effective regimens.

The AOA Contact Lens and Cornea Section recommends patients follow these guidelines for lens case care:

- *Every day, mechanically scrub (using a clean washcloth or new toothbrush) the inside and outside of the lens case with sterile contact lens disinfecting solution.*
- *Avoid using tap water to wash or store lens cases. Note: water must be greater or equal to 70º C (158º F) to kill* Acanthamoeba *cysts. Water boils at 100ºC (212ºF), so boiling a lens case is effective in sterilization. Running through the dishwasher may not be hot enough and may allow contamination from other debris.*
- *Air dry your contact lens case when not in use. After rinsing with sterile contact lens solution, the caps should remain off and the case covered with a clean towel. Note: the Proguard® lens case, used only with Aquify® solution, is recommended to be stored with the lens cap on for continued anti-microbial properties. (CIBA Vision recommendation.)*
- *Replace the lens case after a maximum of three months, but preferably monthly.*

APHA allies

Editor:

In a recent letter to *AOA News*, Morton Silverman, O.D., asked for optometric support for the American Public Health Association and specifically for the Vision Care Section.

I would like to strongly second that appeal! The APHA has been a staunch friend of optometry beginning in the days of DPA and continuing with support for our TPA efforts to this day. It is a tremendous validation of optometry to have an independent third party with a sterling reputation like the APHA to go to bat for you. The Optometry Association of Louisiana recognized years ago the value and necessity of keeping the Vision Care Section vibrant, and consequently the association funds annual members for all officers of our association. Ten memberships only cost $1,600 per year.

If Louisiana can afford it, every state can. If every state did, we would add 500 members to the Vision Care Section and more than double the membership! And significantly increase optometry's strength on the governing council.

I urge the presidents and executive directors of each state to have their association join in. So easy...

James D. Sandefur, O.D.,
Executive Director
Optometry Association of Louisiana
Baton Rouge

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RAFoster@aoa.org. AOA News reserves the right to edit letters submitted for publication.

ODs and many others worked hard to get the legislation passed.

Scope,

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Senate vote, where it passed 29-8," said Dr. Barry. "Nearly 80 optometrists lobbied at the Capitol on the day of the Senate vote. Many others were there for the House vote as well. While the medical lobby pulled out all of the stops to have the governor veto the bill, letters, e-mails, and phone calls from Louisiana ODs, along with support from the bill's author and the president of the Senate, convinced the governor to sign the bill into law."

"The opposition actually threw in the towel before the Senate floor vote, which was the last vote in the process, and not a single ophthalmologist or their lobbyist showed for the vote," said Dr. Sandefur.

"The opposition then mounted the biggest-ever veto attempt, but we won again. For three weeks after the governor had already signed the bill, they kept going on TV and radio talk shows to blast us and got two major newspapers to write editorials, with actual falsehoods in them, blasting the bill," he said.

Dr. Barry credits their success to a great team effort.

"Our executive director, Dr. Jim Sandefur, coached it; I quarterbacked it; and the membership took the ball and plunged full speed ahead for the touchdown," he said.

"We were concerned as much for the future as the present, as we think there are going to be new oral drugs for conditions such as glaucoma and dry eye, and optometrists would not have been able to prescribe them."

ODs convene with lawmakers

At the American Legislative Exchange Council's (ALEC) 34th Annual Meeting, Utah Sen. Curtis S. Bramble (R), Majority Leader, Utah Senate, meets with Clarke D. Newman, O.D., member of the State Government Relations Center (SGRC) Executive Committee.

More than 2,000 state legislators, business leaders, and public policy experts gathered in Philadelphia, July 25 – 29, for ALEC's meeting. ALEC is a bipartisan membership association for conservative state lawmakers.

Dr. Newman commented that, "while my personal political philosophy may be quite different from members of ALEC, it was satisfying to find attendees willing to talk about substantive issues in search for common ground. It was a positive experience regarding the overall political dialogue on matters affecting optometrists and the patients we serve."

Medicaid tamper-resistant Rx rule draws fire

The AOA and other health care provider organizations are asking Medicaid to postpone and clarify a planned requirement for tamper-resistant pharmaceutical prescriptions.

Starting on Oct. 1, 2007, Medicaid plans to require all non-electronic outpatient drug prescriptions be written on tamper-resistant pads.

The new requirement was authorized earlier this year under a provision attached to the *U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act.*

State Medicare directors were informed of the new requirement in an August letter from the U.S. Centers for Medicare & Medicaid Services (CMS).

"There is simply not enough time to educate all optometrists on the implementation of the new pads. (Several) issues need to be addressed before such a program can be executed without disruption of care," wrote Michele Haranin, O.D., chair of the AOA Federal Relations Committee in an Aug 13 letter to the CMS.

"The provision offers no consistent definition of 'tamper-resistant prescription pads' nor does it provide the guidance on which pads meet the requirements or where to get them," Dr. Haranin continued. "Additionally, several states currently have programs that mandate the use of tamper-proof pads, but the CMS fails to acknowledge whether these programs are acceptable under the new guidelines."

According to the CMS letter to Medicaid directors, pharmaceutical prescription pads can be considered tamper-resistant if they:

- Prevent unauthorized copying of a completed or blank prescription form;
- Prevent the erasure or modification of information written on the prescription by the prescriber; or
- Prevent the use of counterfeit prescription forms.

State Medicare programs must require pharmaceutical prescriptions be written on pads meeting at least one of those baseline requirements by Oct. 1 of this year.

By October 1, 2008, states must require all three characteristics on prescription pads in order to be considered tamper-resistant.

The letter to state Medicaid directors outlines various situations in which the new requirement does and does not apply.

The requirement does not apply:

- when the prescription is communicated by the prescriber to the pharmacy electronically, verbally, or by fax;
- a managed care entity pays for the prescription;
- or in most situations when drugs are provided in certain institutional and clinical facilities.

The letter also allows emergency fills as long as a prescriber provides a verbal, faxed, electronic, or compliant written prescription within 72 hours.

The requirement applies only to pharmaceutical prescriptions and not ophthalmic lens prescriptions.

The AOA was awaiting a response from the CMS as this *AOA News* went to press. Practitioners seeking additional information on the new prescription pad requirements should contact their state Medicaid directors.

Exam room is perfect place for offbeat proposal

When Joseph Wachtel said he didn't want his girlfriend to see his marriage proposal coming, he meant it.

After researching on the Internet, Wachtel had the idea to pop the big question during an eye exam.

After making a few calls, Wachtel found Brandon Hunter, O.D., in Leawood, KS.

"The patient called a few months ago to make an appointment for himself and his girlfriend," said Dr. Hunter. "And then he had a special request. He wanted to see if he could propose to his girlfriend during the exam."

Dr. Hunter, who has been in private practice for six months, had newer visual acuity panels set up that would allow for customization of the presentation.

Wachtel came into the office a few days before the appointment to customize the eye chart and set up the arrangements with Dr. Hunter.

Wachtel and his girlfriend, Rebecca Savoy, finally arrived for their eye exams the afternoon of Saturday, Aug. 4.

After their exams, while they were selecting frames, Dr. Hunter asked Savoy to return to the exam room so he could double-check a few things. He said Wachtel was welcome to join them.

As they had prearranged, Wachtel asked if he could wash his hands in the sink. He then recovered the ring that had been hidden earlier. Meanwhile, Dr. Hunter positioned the phoroptor and blurred things up for Savoy. He changed her focus, and she started reading the letters: "W…I…L…L…Y…O…U …M…A…R…R…Y…M…E…"

Savoy asked what was going on and burst into tears.

The office staff switched the music to a list of the couple's favorite songs.

Wachtel then kneeled down and proposed to Savoy. She said yes.

"She was so excited and very surprised," said Dr. Hunter. "And it just all came together. It was a combination of having an office that could do it and an office that would do it."

The idea was so novel that "Good Morning America" broadcast live from the Hunter Family Vision office on Aug. 21 with the story.

Rebecca Savoy and Joseph Wachtel celebrate their engagement in the office of Brandon Hunter, O.D.

Wachtel and Savoy returned to talk about their eye-catching proposal.

While they have yet to set a date, the couple said they are looking forward to their future together.

"I do think the Woodlyn technology that we have is pretty neat," said Dr. Hunter. "It gives us the ability to change patients' lives in ways it wasn't even meant for."

Executive Director

The American Optometric Association is seeking an experienced Executive Director. The Executive Director serves the American Optometric Association as its Chief Executive Officer, administering the business and other affairs and overall management of the association. The Executive Director recommends the formulation of new policies to the Board of Trustees, provides policy and program leadership and implements approved policy within existing guidelines approved by the Board of Trustees and/or the House of Delegates. The Executive Director coordinates staff of approximately 100 employees in carrying out programs and activities of the association to meet the objectives established by the Board of Trustees.

It is incumbent upon the Executive Director to maintain effective internal relationships with the staff, and create collaborative external relationships with affiliated associations, allied optometric associations, industry and associations related to the ophthalmic and health care field. The Executive Director will provide leadership in assisting the association to effectively address the interests and concerns of the profession. The Executive Director will also strive to achieve efficient productive performance at all levels within the association structure and provide programming to meet short-term and long-term goals of the association and the profession.

The ideal candidate will have demonstrated leadership experience in managing people, excellent supervisory skills, and superior public speaking ability. Successful candidate will also possess excellent negotiation skills and a high degree of integrity; organizational skills, the ability to manage multiple priorities, and excellent written and verbal communication skills. Position holder must be able to travel extensively. An undergraduate degree with several years' experience in a senior management position is required. An extensive background within the ophthalmic community and optometry is strongly preferred. Graduate work in health sciences and association management would be desirable. Excellent benefits. Qualified applicants please forward your resume with salary history and requirements to: HumanResources@AOA.org.

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Medicare facts

- Virtually all of the nation's practicing optometrists – some 29,465 – are registered with the Medicare program.
- The Medicare fee-for-service program now represents 15.3 percent of the patients in a typical AOA member optometric practice.
- The Medicare fee-for-service program now represents 13.8 percent of the revenues in the typical optometric practice, second only to Vision Service Plan (VSP).
- Medicare HMOs represent another 2.6 percent of patients and 2.4 percent of revenues.
- Taken together, federal government health programs now represent more revenues and patients in optometric practices than any other third-party payer.

Optometrists celebrate 20 years of eye care under Medicare

Medicare, older Americans, and the practice of optometry have all benefited as the result of action, two decades ago, to recognize optometrists as eye care providers under the government health program, according to AOA President Kevin Alexander, O.D., Ph.D.

However, few ever stop to consider exactly how much they've benefited.

Optometry this year marks the 20th anniversary of landmark federal legislation under which Medicare, on April 1, 1987, recognized optometrists as "physicians" for the purposes of providing any services that are covered by the plan and that optometrists are authorized to provide under state law.

That would open the door to optometric diagnosis and treatment of Medicare patients for a range of eye conditions — from ocular inflammations and allergies to glaucoma and diabetic retinopathy — as well as optometric comanagement of Medicare eye surgery patients.

Prior to that time, optometrists under Medicare had only one function: the dispensing of eyewear to post-cataract surgery patients (when the ophthalmologist who performed the surgery chose not to do so).

The action came as the result of a marathon 22-year AOA legislative campaign, recalled David Ferris, O.D., the past AOA president (1986-87) who played a leading role in the effort.

Many optometrists had adamantly opposed participation in Medicare when the new government health program was established in 1965. However, older adults quickly discovered that eye examinations by ophthalmologists were generally covered under the new health program while examinations by optometrists were not.

Prior to that time, optometrists under Medicare had only one function: the dispensing of eyewear to post-cataract surgery patients (when the ophthalmologist who performed the surgery chose not to do so).

"The result was that when you turn 65, you went to an ophthalmologist," noted then-AOA Counsel Thomas E. Eichhorst. "Optometrists suddenly saw life-long patients leaving and feared that their practices would be greatly reduced."

With patient attrition suddenly a growing concern for optometrists, the AOA in 1967 launched an effort to expand the role of optometrists under Medicare.

Adding impetus over time was the expansion of optometric scope of practice through the enactment of state diagnostic pharmaceutical agent (DPA) laws beginning in 1971 and therapeutic pharmaceutical agent (TPA) legislation in 1976. Optometrists realized they were able to provide more Medicare-covered services.

The drive for Medicare provider parity would encompass at least four different reports to Congress, two congressional hearings, two amendments to the federal Medicare law and a role in the 1986 budget standoff between Congress and the White House.

Initial success was achieved in 1980 with legislation that allowed optometrists to begin, the following year, to examine aphakic patients, as well as fill their eyewear prescriptions.

However, the turning point came in 1984 when leading senior citizen advocate Rep. Barbara Mikulski (D-MD) introduced the *Medicare Vision Reform Act*, concerned that inability to obtain Medicare-covered eye care through optometrists was presenting a hardship on the elderly.

The eye care proposal would eventually form the basis for the legislation that would be signed into law by President Ronald Regan in 1986 as part of a budget reconciliation package.

(President Reagan would initially veto the package, in part due to the optometric provider provision. The American Academy of Ophthalmology declared the issue "dead" for the year.)

The CMS and AOA statistics demonstrate that over the past 20 years, optometry has become a major provider of eye care services to Medicare and that Medicare has become an important source of patients and revenue for most optometric practices.

However, Dr. Alexander observes, Medicare's recognition of optometrists as eye care providers could prove even more important over the coming years as the U.S. population ages and Medicare moves toward preventive care and quality management programs.

Errors could prevent ODs from obtaining PQRI bonus payments

Optometrists' reporting of new Medicare Physician Quality Reporting Initiative (PQRI) measures may not be forwarded for analysis within the PQRI as a result of remittance advice remark code errors on Medicare Explanation of Benefits (EOB) notices, the AOA Advocacy Group warns.

Failure by Medicare carriers to forward the claim information could prevent optometrists from receiving bonus payments under the PQRI.

The AOA Advocacy Group reports numerous complaints from optometrists who filed claims for quality measures included under the PQRI, using the new Level II CPT codes as required, and then received EOB notices with remittance advice remark codes that inappropriately indicate that they were not eligible to perform the services.

The appropriate claim adjustment reason code for the quality measures that can be reported under the PQRI is CO-96 (non-covered service) with the remittance advice remark code of N365 (this procedure code is not payable; it is for informational/reporting purposes only).

However, a number of optometrists have reported receiving EOB notices with inappropriate codes such as PR-185 or CO-185, both of which indicate the rendering provider is not eligible to perform the service billed.

Optometrists who receive EOB notices with those or other inappropriate remittance advice remark codes should forward the EOB notices to the AOA Washington office.

The AOA Washington staff will forward the EOB notices to the U.S. Centers for Medicare & Medicaid Services (CMS) for corrective action. To comply with the federal *Health Insurance Portability and Accountability Act (HIPAA)* privacy regulation, practitioners should remove patient names and Social Security numbers from EOB notices.

The new PQRI voluntary quality reporting program offers 1.5 percent Medicare payment bonuses when health care practitioners appropriately report designated quality care measures on Medicare claims using a new set of CPT II codes (see *AOA News*, June 2007).

The first PQRI reporting period began July 1, 2007, and runs through Dec. 31, 2007. Health care providers who qualify under the program will receive lump sum bonus payments during the first quarter of 2008.

Because the PQRI is a voluntary quality reporting program, (with bonus payments computed and remitted separately from other Medicare payments) services reported with CPT II codes for consideration under the PQRI are technically "denied" for Medicare Part B payment, the AOA Advocacy Group notes.

However, the remittance advice code placed on the EOB notice to explain the denial is important, the AOA Advocacy Group emphasizes. The use of the C0-185 or PR-185 remark codes may prevent the reporting of the quality codes for analysis for the PQRI bonus incentive payment, the AOA Advocacy Group warned in a bulletin last month.

At the AOA's request, the CMS has already advised all Medicare carriers of the remittance advice error and instructed them to use the CO-96 and N365 advice codes when processing PQRI claims submitted by optometrists.

see Errors, page 8

AOA offers new 1500 forms meeting all Medicare standards

Medicare is now accepting paper claims only on the new Version 08-05 edition of the CMS 1500 claim form, even though the new edition of the form is not yet available through the Government Printing Office (GPO).

The CMS last year announced a program for transition to the new 1500 (08-05) form, then revised the plan this year after finding forms being sold by the GPO did not meet required specifications.

The CMS began rejecting claims filed on the old 12-90 version of the form on July 2 in line with the agency's revised implementation plan.

However, health care providers will have to obtain forms from sources other than the government's own printing service, administrators acknowledge.

The AOA Order Department prints its own CMS 1500 (08-05) forms based directly on a model obtained from the National Uniform Claim Committee (NUCC), which developed the form. The orders forms are online at the AOA Web site (*www.aoa.org*) or call the order department at (800) 365-2219, ext. 4132.

Members of group practices need NPIs for Medicare

Group practices that bill Medicare electronically are considered "covered providers" and are required by federal regulation to obtain and use National Provider Identifier numbers (NPIs) to identify themselves as the "Billing" and "Pay-to Providers" in Medicare claims, the CMS noted in a recent statement.

Medicare requires that providers who are identified as "Rendering Providers" in Medicare claims also be identified by NPIs, whether or not they are covered providers.

"Therefore, group practices that are enrolled in Medicare will want to ensure that their members (physicians or other practitioners) obtain NPIs in order to ensure payments to the group practices by Medicare," the CMS statement emphasizes.

New NPI information products

The CMS has released three new documents on NPI use for health care providers:

A new Special Edition Medicare Learning Network (MLN) Matters article, "Important Information for Providers/Suppliers Regarding National Plan and Provider Enumeration System (NPPES) Errors, Using the NPI on Medicare Claims and 835 Remittance Advice Changes," offers guidance on how to use the NPI correctly on Medicare Part A and Part B claims as well as advisories on other issues.

The article may be accessed on the CMS Web site at *www.cms.hhs.gov/MLNMattersArticles/downloads/SE0725.pdf*.

Two new CMS fact sheets detail the specifics of NPI use for health care organizations and sole proprietors. The fact sheets for organizations are at *www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_FactSheet_Org_Provi_web_07-03-07.pdf*.

The fact sheet for providers who are sole proprietors is at *www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_FactSheet_Sole_Prop_web.pdf*.

Most Medicare providers satisfied with carriers

The Centers for Medicare & Medicaid Services' (CMS) 2007 Medicare Contractor Provider Satisfaction Survey (MCPSS) finds that, overall, most Medicare health care providers continue to be satisfied with the services provided by Medicare payment contractors.

Some 85 percent of survey respondents rated their contractors between 4 and 6 on a 6-point scale, with "1" representing "not at all satisfied" and "6" representing "completely satisfied."

The national average score this year was 4.56. Contractors received an overall composite score for the seven business functions of the provider-contractor relationship: provider communications, provider inquiries, claims processing, appeals, provider enrollment, medical review, and provider audit and reimbursement.

For all contractor types, a contractor's handling of provider inquiries surpassed claims processing as the key predictor of a provider's satisfaction.

The CMS has provided contractors information for process improvement based on individual MCPSS results. The survey, conducted this year for the second year, is designed to garner objective, quantifiable data on provider satisfaction with the fee-for-service contractors that process and pay Medicare claims.

Questionnaires were sent to more than 36,000 randomly selected providers, including physicians, suppliers, health care practitioners and institutional facilities that serve Medicare beneficiaries.

The survey was expanded this year to include hospice locations and federally qualified health centers.

The third MCPSS survey will be conducted in January 2008, according to the CMS.

The full results of the 2007 survey are now available at *www.mcpsstudy.org*.

Medigap moves to COB system Oct. 1

Effective Oct. 1, Medicare will route claims to supplemental (Medigap) insurance plans through a new Coordination of Benefits system. Health care providers will be required to identify Medigap plans on claims using newly issued Coordination of Benefits Agreement (COBA) numbers.

The U.S. Centers for Medicare & Medicaid Services (CMS) is urging health care practitioners to begin using the COBA identification numbers as quickly as possible to facilitate transition to the new system. COBA numbers were to be assigned to all Medigap plans by Aug. 31.

In addition, only claims filed by health care practitioners in the *Health Insurance Portability and Accountability Act (HIPAA)* American National Standards Institute (ANSI) X12-N 837 professional (version 4010A1) coordination of benefits (COB) claim format or in the National Council for Prescription Drug Programs (NCPDP) version 5.1 batch standard 1.1 format will be forwarded to Medigap plans for processing.

Health care providers can find more information on Medicare carrier Web sites or on the CMS Web site at *www.cms.hhs.gov/COBAgreement*. An article on the new Medigap COB system appears in the September edition of *Optometry: Journal of the American Optometric Association* in the "Practice Strategies" section.

Errors,

from page 7

However, for optometrists who have already received EOB notices with wrong remittance codes, the only way at present to correct the error is to submit the EOB to the CMS.

The agency has asked the AOA to collect and forward information on erroneously coded EOB notices that have been received by optometrists. The CMS will then instruct carriers to re-open claims to correct errors.

Optometrists may not re-submit these claims to carriers for the purpose of correcting the reporting of the quality measure codes.

A Medicare Internal Control Number (ICN) on the EOB will allow the CMS to identify the claim and take corrective action.

Any optometrist receiving a remark other than CO-96/N365 on EOB notices in response to the use of Level II CPT codes should fax copies of the EOB notices to AOA Associate Director of Federal Relations Jodi Mitchell at (703) 739-9497.

More background information on the PQRI is available on the AOA Web site at *www.aoa.org/PQRI.xml*. For additional information regarding the correction of erroneous remittance advice on an EOB, contact Mitchell at (703) 837-1348 or *jcmitchell@aoa.org*.

President,

from page 3

board certification as a possible mechanism to achieve practitioner mobility.

Authority to perform limited surgical procedures will be limited to specially trained and credentialed optometrists.

As states continue to incorporate surgical procedures into optometric scope of practice, the profession must deal with the issue of who is competent to perform these procedures. The AOA will continue to study this issue along with other organizations to develop credentialing that is appropriate and right for our profession.

So who knows how all of this will turn out? As the famous physicist Niels Bohr once said, "Prediction is very difficult, especially of the future." As your AOA president, I can assure you that the AOA will work hard to achieve the futures listed above.

Regardless of how successful optometric organizations are in achieving any of the 57 "preferred futures," everyone who attended the Summits will agree that the real success of Optometry 2020 was the collective power in gathering all optometric organizations into one room and talking about what we want the optometric profession to look like by the year 2020.

Kevin L. Alexander OD, PhD

Note: AOA members may access the final report of the Optometry 2020 Summits by following the link on the AOA home page at *www.aoa.org*.

NEI plans new older adult outreach

Alfred A. Rosenbloom, O.D., of Chicago's Lighthouse for the Blind, and Satya B. Verma, O.D., of the Pennsylvania College of Optometry, are representing the AOA as part of a new National Eye Institute (NEI) Ad Hoc Working Group on Older Adults.

The work group was organized under the NEI's National Eye Health Education Program to develop new information and education programs for older adults. The group's first meeting convened Aug. 24 in Washington, DC.

The nation's population is aging, and age-related eye problems are expected to be an increasingly important national health issue in the coming years, according to Rosemary Janiszewski, the NEI staff person for the work group.

Older adults already account for around 50 percent of the patients in the typical general medical practice and probably a similar percentage of the patients in a typical eye care practice, according to the textbook, "Rosenbloom and Morgan's Vision and Aging."

ODs asked to join in World Sight Day Oct. 11

Optometry Giving Sight is asking all optometrists to join the World Sight Day Challenge and help support "Our Vision for Children" by giving sight to the estimated 13 million children who are blind or vision impaired simply because they do not have a pair of glasses. World Sight Day is Oct. 11.

The organization, which is the only global initiative that specifically targets the prevention of blindness and impaired vision due to refractive error, hopes that staff, patients and students will also support the campaign by signing up for a single or regular monthly donation of as little as $5.

Optometrists, practice staff and optometric students can participate in the World Sight Day Challenge in a number of ways:

1. Optometrists can sign up for regular donations of $25, $50 or $100 per month.
2. Practices can donate all exam fees on World Sight Day to Optometry Giving Sight.
3. Optometrists can ask all patients to add $5 to their invoices throughout October.
4. Staff and students can sign up for a regular donation of $5 per month.

According to Professor Brien Holden, CEO of Optometry Giving Sight, it costs just $5 to provide an eye exam, a pair of glasses and residual training for staff in countries that lack eye care services.

This simple intervention can save someone from a life without sight—enabling children to learn, adults to work and the elderly to preserve their dignity and independence.

To register, visit the Optometry Giving Sight Web site, *www.givingsight.org,* or call (888) OGS-GIVE. Once registered, all practices will receive a World Sight Day Challenge Practice Kit. This kit includes materials to help promote the challenge in practices and communities.

World Sight Day is an initiative of VISION 2020: The Right to Sight and is supported by the World Health Organization, the International Agency for the Prevention of Blindness, and more than 80 non-government organizations who share the goal of eliminating avoidable blindness by the year 2020. The theme for 2007 is VISION for Children.

Optometry Giving Sight is a joint initiative of the World Optometry Foundation, the International Centre for Eyecare Education and the International Agency for the Prevention of Blindness. National industry sponsors include CIBA Vision, the Institute for Eye Research, Marchon, Vision Source, and Signet Armorlite.

Optometry Giving Sight, a tax-exempt organization, guarantees that a minimum of 85 cents of every dollar donated by optometrists and their patients is directed to people in need.

Puerto Rico optometrists' group charged with price-fixing conspiracy

An organization representing optometrists in Puerto Rico, along with two of its leaders, has agreed to settle Federal Trade Commission (FTC) charges of organized price fixing.

The consent order announced July 30 settles FTC charges against Colegio de Optometras de Puerto Rico (the Colegio or Puerto Rico College of Optometrists) and two of its leaders, Edgar Dávila Garcia, O.D. (Dr. Dávila), and Carlos Rivera Alonso, O.D. (Dr. Rivera).

Federal officials say the Colegio violated the FTC act by orchestrating and carrying out agreements among the group's members to refuse (or threaten to refuse) to deal with payers who would not agree to raise the reimbursements offered to optometrists.

The consent order bars the group's doctors from jointly negotiating prices or terms of service in the future. However, the agreement specifically allows them to participate in legal joint arrangements, the FTC notes.

Although Puerto Rico is a U.S. territory and subject to federal law, the Puerto Rico College of Optometrists is not an affiliate of the American Optometric Association.

The FTC action in Puerto Rico provides a reminder that federal law bars health care providers from any activities that could be interpreted under the law as constituting restraint of trade, according to the AOA Office of Counsel.

That includes organized boycotts of any type or orchestrated attempts to set prices.

Headquartered in San Juan, the Colegio is a not-for-profit association with approximately 500 member optometrists, constituting all of the optometrists licensed to practice in Puerto Rico.

Dr. Dávila was the treasurer of the Colegio from 2002 to 2004 and also served as the president of the Colegio's Health Plans Commission from 2001 to 2004.

Dr. Rivera, from October 2004 to September 2006, was the Colegio's president-elect at the time the alleged antitrust violations took place in 2004.

According to the FTC complaint, the Colegio along with Dr. Dávila and Dr. Rivera violated federal antitrust law by facilitating, negotiating, entering into, and implementing expressed or implied agreements among the Colegio's members to refuse, or threaten to refuse, to accept vision and health care contracts except on collectively agreed-on terms.

Specifically, the FTC alleges the Colegio targeted Ivision International Inc., a managed care subcontractor that has offered vision care services and products in Puerto Rico since 1997.

Ivision contracts with Puerto Rico health plans to administer vision plans and provide vision care products and services to covered patients.

As under most managed subcontract arrangements, the health plans pay Ivision a capitated per-beneficiary fee. Ivision then contracts with the island's optometrists to provide services. By August 2004, Ivision had almost 130 optometrists – located all over Puerto Rico – in its network, making it very attractive to health plans and to patients covered by those plans, according to the FTC.

In June and July 2004, Ivision sent announcements to optometrists about its contracts with several new health plans (many of which previously had contracted directly with optometrists). Under these new contracts, Ivision offered to pay optometrists the same fees offered under its contracts with other health plans.

As a result of these new contracts, the optometrists would lose much or all of their lucrative direct business with these plans, the FTC acknowledges.

Many optometrists, all of whom were members of the Colegio, called Ivision to complain about the new reimbursement structure, threatening that if Ivision did not pay more, they would stop treating patients covered by Ivision, according to the FTC.

As part of a collective effort to get Ivision to raise its rates, Colegio representatives contacted other optometrists and urged them to stop participating in Ivision's network, the FTC adds.

Later that summer, during a meeting between Ivision and its eye care providers, optometrists – led by Dr. Rivera – indicated that if Ivision did not raise its reimbursement rates, the Colegio would ensure that all of its optometrists would leave the plan. That would leave Ivision with no providers left in Puerto Rico, the FTC notes.

The day after the meeting, according to the FTC, Dr. Dávila circulated a letter on Colegio letterhead to the group's members concerning Ivision's new health plan contracts, urging the members not to participate in Ivision's network and informing them that the Colegio was going to develop a strategy to battle Ivision.

The Colegio's efforts eventually succeeded, the FTC acknowledges. By mid-October 2004, almost 40 Colegio members had left the Ivision network and refused to provide their services to plan beneficiaries.

In November 2004, in an effort to retain the remaining optometrists in its network, Ivision significantly increased its reimbursement rates.

Dr. Dávila and Dr. Rivera also orchestrated collective negotiations with other plans, according to the FTC, on several occasions attempting to negotiate higher reimbursement levels for Colegio members.

"These, as well as the activities related to Ivision, harmed competition in violation of the FTC Act," according to a commission statement.

Under the consent order, the Colegio, Dr. Dávila and Dr. Rivera are prohibited from entering into or facilitating agreements for the provision of optometry services: 1) on behalf of any optometrist with any payor; 2) refusing to deal or threatening to refuse to deal with any payor; 3) designating the terms upon which any optometrist deals, or is willing to deal, with any payor, including price terms; 4) refusing to deal individually with any payor, or refusing to deal with any payor through any arrangement other than one involving the Colegio.

The consent order permits the Colegio to undertake certain kinds of joint contracting arrangements – "qualified risk-sharing joint arrangements" and "qualified clinically integrated joint arrangements" – that are defined in the order.

Under those arrangements, health care providers engage in joint activities to control costs and improve quality by managing the provision of services.

"Any agreement concerning reimbursement or other terms must be reasonably necessary to obtain significant efficiencies through the joint arrangement," the FTC notes.

Other specific provisions prohibit the Colegio and the two doctors from exchanging information among optometrists concerning their willingness to deal with a payor, or the terms – including price terms – on which they are willing to deal.

In addition, the order bars them from encouraging anyone into engaging in any action that it prohibits. It also requires them – for three years from the date the order becomes final – to notify the FTC in writing before conducting any joint negotiating activities that could be considered anticompetitive under its terms.

The commission vote to place the consent order on the public record for comment and publish a copy in the *Federal Register* was 5-0.

Under customary procedures, the FTC will accept comment on the consent order for 30 days (until August 28), after which commissioners will vote on whether to make the order final.

A consent agreement is for settlement purposes only and does not constitute an admission of a law violation.

However, when finalized by the FTC, consent decrees carry the force of law with respect to future actions. Each violation of such an order may result in a civil penalty of $11,000.

If finalized, the consent order will be distributed to all Colegio members, as well as to payers. It will expire in 20 years.

The FTC action provides a reminder that federal law bars health care providers from any activities that could be interpreted under the law as constituting restraint of trade, according to the AOA Office of Counsel. That includes organized boycotts of any type or orchestrated attempts to set prices.

New in Practice Series largest yet

This year's New in Practice Series at Optometry's Meeting™ in Boston was a hit, drawing the highest attendance numbers to date for the program.

The series is designed to provide real-world information and ideas for those starting their careers or changing practice settings.

There were four courses in this year's series including: billing and coding, setting up an optical, financial management, and new technologies in optometric care.

Each was presented by co-lecturers Keith Davis, O.D., chair of the Optometry's Meeting™ New Practitioner Practice Management Project Team, and Laurie Sorrenson, O.D.

"I believe the 2007 program was even better than the previous year," said Dr. Davis. "The attendance has grown every year. The numbers demonstrate that. More and more practitioners are asking for these very topics to allow them to provide excellent medical eye care as well as make a good living. They are not mutually exclusive."

All four sessions from the 2007 series are also available for purchase on a DVD-ROM.

The 2007 New in Practice Series was sponsored by a generous grant from CIBA Vision, a Novartis Company.

The billing and coding course drew 80 attendees who walked away with a better understanding of different types of eye examinations, special diagnostic testing, and how to code each procedure appropriately for billing purposes. Also discussed were "in-office" surgical procedures that modern optometrists perform and how to apply for reimbursement.

The "setting up an optical" course helped 58 ODs to decide whether to have an "in-house" lab or use an outside optical lab.

It also provided insight into many of the new options in automated lab equipment and covered how to maximize frame, lens and contact lens purchasing dollars.

The financial management course had 80 attendees learning about cash flow, gross versus net profits, tax considerations for the sole proprietor or S-corporation, and retirement planning.

The new technologies in optometric care course was designed to help the new practitioner decide on what new equipment to purchase. It drew 50 attendees.

The speakers discussed the costs of each piece of new technology, the return on investment, including medical reimbursement rates, how to code and bill for the new procedures, and when the new practitioner should consider purchasing new equipment.

The attendee reviews were extremely positive.

"As a student, I felt this lecture was helpful in orienting me in the right direction, and I feel like I will be ahead of the game when I graduate," wrote one attendee.

"Great information from people with experience," wrote another.

To purchase a synchronized DVD-ROM of the 2007 New in Practice Series, *visit www.twosense.com/aoa2007/index.html* or call (858) 635-5969.

The DVD-ROM is available for $49 (plus tax and shipping) and features the live session audio synchronized with the speakers' PowerPoint presentations.

Tomorrow's ODs will rise to challenges, AOA intern says

Second-year University of Missouri at St. Louis (UMSL) College of Optometry student Roy Gordon hopes to emphasize medical eye care and comanagement when he enters practice.

As a result, he strongly believes that the AOA and new optometrists must do everything possible to encourage high standards of patient care, strengthen the image of his profession and continue developing optometry as America's primary eye care provider.

Having just completed a 13-week summer internship at the AOA headquarters in St. Louis, Gordon believes the AOA is doing a good deal more than many optometry students realize.

Moreover, he believes that today's optometry students will emerge as a force to ensure optometry remains a strong and vibrant health care profession well into the future.

A Columbus, OH-native, Gordon decided to pursue a career in optometry after working in the office of Dayton, OH, practitioner John P. Downer, O.D., while pursuing his undergraduate degree in biology at the University of Dayton.

Because Dr. Downer's office is affiliated with an ophthalmology practice, Gordon had the opportunity to work with both ODs and MDs and see firsthand all of the ways optometrists can care for patients in both types of practice settings.

Based on that experience, Gordon plans to pursue opportunities in ophthalmology practices after he graduates from the UMSL College of Optometry. Eventually, he plans to develop a private optometric practice of his own.

Nearing the end of his first year at UMSL, Gordon applied for the AOA summer internship program in an effort to learn more about his future profession and the role the association plays in it. Acknowledging that he had not been heavily involved with the AOA prior to the internship, he was surprised by much that he found.

"I was really impressed with Optometry's Meeting™," Gordon quickly volunteers. "This is something every optometry student should do at least once during the course of their four years in optometry school. (It provides) the chance to network with other students and optometrists."

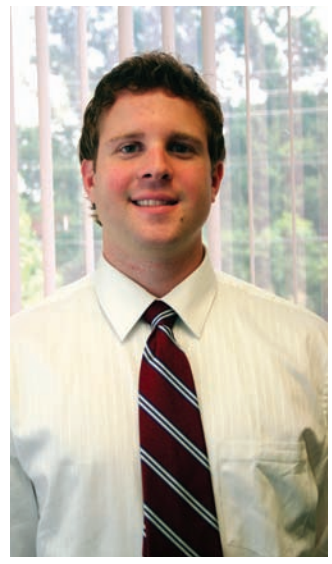
"I think it is great that the AOA is doing so much to keep the profession before the public," Gordon said, noting the considerable media coverage surrounding optometry.

Back at the AOA offices, Gordon spent a considerable time with AOA Advocacy Group and AOA State Government Relations Center staff learning about the months of preparation and lobbying necessary to pass federal or state legislation.

"It is much more than I expected," Gordon said. Gordon acknowledges concern that today's optometry students may not really understand that years of legislative efforts were necessary to establish optometry as a recognized health care profession and decades more were necessary to win optometrists the authority to practice eye care in addition to vision care.

However, Gordon maintains organized optometry will continue to be an effective force in health care legislation when changes in the health system or technology prompt changes in the laws impacting optometry.

"My generation, Generation X, gets a bad



rap," Gordon said "I don't agree. Just like it was in the past, there will be a group of optometrists within my generation that will come forward to take the profession to the next level."

For his part, during his internship, Gordon has helped update the AOA's Guide to Optometric Loans, Grants and Scholarships on the AOA Web site (*www.aoa.org*). The resource is used by many optometry students to secure financial aid.

He also contributed articles on the AOA Practice Assistance Mentoring Program and other subjects to the AOA's New Practitioner e-newsletter.

Gordon urges new optometrists and his fellow students to constantly be careful to maintain the image and standard of their profession as they enter practice.

"The AOA works very hard, through federal legislation and state legislation, to see that we have the authority to care for patients. All health care practitioners — medical doctors, dentists – work hard to maintain high standards and present a professional image. We must constantly guard the image of our profession and meet the highest standards of care. Ultimately, this will be important to new optometrists as they develop their practices."

Joint Board Certification team begins work

Members of the Joint Board Certification Project Team met Aug. 3-4 in Chicago to discuss potential avenues for optometrists to demonstrate advanced clinical competence.

From top left, project team members are Chair and AOA Vice President Randolph E. Brooks, O.D.; William B. Rafferty, O.D. (ARBO); AOA Trustee David A. Cockrell, O.D.; Christina M. Sorenson, O.D. (ARBO); Arol Augsburger, O.D. (ASCO); Donovan L. Crouch, O.D. (NBEO); Thomas L. Lewis, O.D., Ph.D. (AAO); Jack E. Terry, O.D., Ph.D. (NBEO); Christopher S. Wolfe (AOSA); Mary E. Phillips (AOSA); Mary Jo Stiegemeier, O.D. (AAO); and Larry J. Davis, O.D. (ASCO).

The AOA staffperson for the project team is Jeffrey L. Weaver, O.D. Dr. Brooks delivered the initial report to the AOA House of Delegates at Optometry's Meeting™.

Pacific U student wins Cummings Scholarship

R. Scott Sellers from the Pacific University College of Optometry has been selected as the winner of the 2007 Patrick Everet Cummings Scholarship. Sellers will receive a grant for $3,000.

Sellers' winning essay was selected from a group of 11 eligible finalists whose essays had been submitted to the AOA Foundation Endowment Fund as the best from their respective schools and colleges. Students were asked to write an essay on "How would you engage your community in the Healthy Eyes Healthy People™ Initiative?"

The other finalists were: Jody Eileen Simmons, University of Birmingham at Alabama School of Optometry; Jessica Nicole Trigg Mai, University of Missouri-St. Louis College of Optometry; Brian J. Zwanziger, Northeastern State University; Cheryl L. Bayer, University of Waterloo School of Optometry; Benjamin A. Uhl, University of Houston College of Optometry; Elizabeth Garland, The New England College of Optometry; Jennifer Sommer, Illinois College of Optometry; Shane A. Foster, The Ohio State University College of Optometry; Fouad Melamed, Southern California College of Optometry; Debora M. Lee, University of California at Berkeley School of Optometry.

The Patrick Everet Cummings (PEC) Memorial Scholarship Fund was established in memory of Patrick, son of J. Pat Cummings, O.D., long-time AOA member and past AOA president. The $3,000 grants have been awarded at Optometry's Meeting™ for four successive years, with 2007 as the final year for the Patrick Everet Cummings (PEC) Memorial Scholarship Grant. The grant has been administered by the AOA Foundation.

Sellers is a fourth-year student at Pacific University. He is working as an intern at the Walla Walla Veterans Administration Medical Center. Sellers attended Arizona State University, then served a mission in Venezuela for two years. He returned and began a successful career in banking and real estate, but after three years decided to pursue his dream of becoming an optometrist.

SCO student earns Galina Grant

Benjamin Winters from the Southern College of Optometry has been selected as the winner of the 2007 Dr. Seymour Galina Grant. Winters will receive an grant for $2,500.

His winning essay was selected from a group of eight eligible finalists whose essays had been submitted to the AOA Foundation Endowment Fund as the best from their respective schools and colleges. Students were asked to write an essay on "Qualities I have developed through my financial planning/work experience during and/or before optometry school that I believe will be most useful to me in a professional optometric practice."

The other finalists were Charles Boulet, Pacific University College of Optometry; Jennifer Sommer, Illinois College of Optometry; Jarren Ray, Northeastern State University; Shanine Brochu, University of Waterloo School of Optometry; Nadine Shelton, Indiana School of Optometry; Ashley Zak Kimble, Nova Southeastern School of Optometry; Gloria Chiu, University of California at Berkeley School of Optometry.

The grant was established through a bequest from the late Seymour Galina, O.D., a long-time AOA member. Dividends and interest income, generated each year from his gift account, provide funds for a grant to be awarded to one incoming fourth-year student of optometry. He and his family continue to be remembered for a generous love of his profession through the grant.

Winters is a student at Southern College of Optometry in his fourth year. He received his undergraduate degree in business management from Brigham Young University and is from Spokane, WA. Winters plans on returning to Washington to start his own practice specializing in vision therapy.

The Galina Grants are administered by the AOA Foundation.

Eyes Right for Flight

Brenda Heinke Montecalvo, O.D., left, member of the Neuro-Optometry Project team and one of many member volunteers at the AOA Aviation Vision Booth, explains aspects of aviation vision at the AirVenture annual air show in Oshkosh, WI, in July.

The AOA Aviation Vision Committee also presented a six-hour AOA Aviation Vision Course to 32 attendees at Optometry's Meeting™.

The AOA Aviation Vision program to improve air safety is sponsored through a generous grant from Essilor of America.

New Jersey

from page 1

on Business Efficiency of the Public Schools issued a report entitled, "Individual Supportive Education Reform Agenda for New Jersey Reading."

The commission found that if students were provided with appropriate early intervention reading assistance and follow-up, including early intervention for those children with undiagnosed or untreated vision problems, the state would eventually save $200 million per year in special education aid costs and the rescued lives of thousands of children each year.

The legislation was introduced on the basis of this report.

Following the pilot project, a study will be developed to show the results of these exams.

"We are hopeful that the pilot project and subsequent study will help bring to the public's and legislature's attention the importance of comprehensive eye exams for children," said Markowitz.

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Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Signet Armorlite

At Signet Armorlite, it's still our mission: support private practice optometry

By Edward P. DeRosa, Signet Armorlite Vice President, Marketing

The steady growth of our company in recent years coincided with our commitment to private practice optometry. Focusing our resources on the needs of optometry was good strategy five years ago, and it's still good today. You're stronger; we're stronger.

We believe that the whole optical industry needs strong, independent optometry. Because significant challenges to optometry still remain, we believe our support of state and national optometry is more important than ever.

Our products fit nicely with private practice optometry.

You're at the center of our dedication to eye care because you provide comprehensive eye care. That's where we come in. By developing innovative products to suit your special needs, we benefit, too.

One such product is the new Kodak Unique Progressive, a back-surface design that's customized to fit the patient's frame selection. It's already a huge success, and growing faster all the time.

R&D is an important focus as well.

We've just introduced Kodak Precise Short™, the short corridor progressive that brings excellent optical precision to small frames.

Vision First Design™ is the name of the technology revolution behind our new progressive lenses— Kodak Unique and Kodak Precise Short Lenses, and before those, Kodak Precise® Lens. Each product provides smooth gradation of power, gentle binocular balance and guaranteed visual performance.

Kodak CleAR™ Anti-Reflective Coating was developed to improve visual acuity while fighting off oily smudges and dirt. It's also extremely durable to stand up to wear and tear.

We continue to research new lens designs, materials and coatings to meet the needs of the optical industry.

We remain committed to optometry.

We remain the single largest contributor, on a percentage basis, to optometry. Unlike companies that devote their resources to consumer advertising, Signet Armorlite devotes energy and funding where they belong—in doctors' offices.

We've been platinum-level AOA sponsors. We've sponsored the Optometry's Meeting™ Presidential Celebration the last five years. We're a participant of the AOA Ophthalmic Council. We sponsored the Healthy Eyes Healthy People™ program and the AOA video "What's In It For Me."

We're helping practices grow through PracticePlus.

Since 1998, we have provided more than $22 million to over 4,000 PracticePlus® members. As a member, you can use those funds any way you see fit to promote a strong practice.

There's another reason to join PracticePlus. Our Non-Dues Revenue Funding Program allows participating state optometric associations to receive substantial financial support when their members dispense and redeem Kodak Progressives through PracticePlus.

We're fortunate to have long-standing, rewarding relationships within the optometric community. We remain, as ever, unwavering in our support of optometry.

Amy Sacks Eyewear and Accessories recently announced that portions of proceeds from its fashionable reading glasses, reading sunglasses, sunglasses, optical frames and accessories will be donated to its non-profit Pixie Project, which is dedicated to animal adoption and spay and neuter services for pets in low-income families. Shown is style Cindy in blush. Visit *www.amysacks.com* for more information.

Transitions sponsors scholarship program

Transitions Optical, Inc. announced its sponsorship of the Optometry Scholarship Program to support and inspire the next generation of optometrists by rewarding 10 outstanding students for their vision to promote healthy sight to patients.

The program is supported by the Transitions® Healthy Sight for Life Fund and will encourage optometry students to create projects exploring "Healthy Sight Counseling."

Scholarships of $500 each will be awarded to students who demonstrate a clear understanding of the integration of vision care, vision wear, and education into everyday practice.

"The optometrist plays a very important role in providing for the healthy sight of every patient – from the initial exam to ensuring each patient knows the proper steps to protect and preserve healthy sight well into the future," said Carole Bratteig, manager, education and training, Transitions. "A solid foundation for a lifetime of promoting healthy sight begins in the classroom. Transitions is honored to sponsor these scholarships to assist the best and brightest future healthy sight counselors as they prepare for their careers in the field of optometry."

All students currently enrolled in an accredited optometry program in the U.S. or Canada are eligible to apply for the program.

Interested students are required to complete a project based on this year's theme: Healthy Sight Counseling.

Healthy Sight Counseling is a patient-centered, integrated approach to eye care that encourages customized vision correction, maintenance and preventive eye care, and increased professional and patient awareness through education.

Students applying for the program are free to submit projects of any length in any format: research paper, presentation, video, poster, community outreach, etc.

Project submissions will be judged by a committee of eye care and optometry experts on the basis of how well they explore or expand upon the Healthy Sight Counseling theme.

Projects should be submitted to *education@transitions.com* or via mail to Optometry Scholarship c/o Euro RSCG Magnet, 110 Fifth Ave, NYC 10022, by Oct. 11 (World Sight Day). Scholarships will be announced by December 2007.

Vision Care Institute to offer program for Olympic athletes

The Vision Care Institute™, LLC, a Johnson & Johnson company, announced it will offer the new state-of-the-art AchieveVision™ Program to Olympic athletes and hopefuls.

The program will assess and help optimize athletes' visual skills in preparation for the upcoming Beijing 2008 Olympic Games.

Members of the men's and women's U.S. archery and soccer teams will be the first to use the AchieveVision™ Program.

Research suggests a strong correlation between peak performance and excellent visual skills, making athletes' eyesight among the most important pieces of equipment they have, according to the Vision Care Institute.

A survey conducted with the United States Olympic Committee (USOC) found that less than half of current Olympic athletes and hopefuls received an eye exam within the last year, yet 87 percent believe vision plays an important role in being successful in their sport.

"What many people do not know is that vision is more than 20/20 – it includes visual skills that can be improved," said Daniel Laby, M.D., assistant professor of ophthalmology at Harvard Medical School. "As evidence grows supporting the connection between optimized vision and peak performance, especially for elite athletes, training programs for Olympic hopefuls are beginning to place more importance on the role of vision. The AchieveVision Program will help athletes improve their vision by fine tuning their visual skills, particularly those most relevant to their sport."

The first step in improving vision is regular eye exams, which are critical for everyone – not only elite athletes.

The AchieveVision Program is a customized visual skills assessment and improvement program designed to maximize each individual's vision for his or her specific sport and lifestyle.

The AchieveVision Program was developed with input from a council of experts, including optometrists, ophthalmologists, coaches, sports trainers and academics.

Not only does the program assess maximum visual acuity, but it also evaluates and helps optimize dynamic visual skills such as hand-eye coordination, peripheral vision and reaction time.

"In archery, my target is 70 meters away, and I need to use the target's colors to guide my aim," said Vic Wunderle, U.S. Olympic archer and silver medalist. "If I am slightly off in my aim, it can mean losing in competition, so clear vision and contrast sensitivity are key in being successful in this sport. I always thought my vision was strong, but had never gone through comprehensive visual testing. The AchieveVision Program helped identify areas of my vision that I could train and optimize, which will benefit my performance both on and off the field."

Howard Purcell, O.D., senior director of New Program Development at Johnson & Johnson Vision Care, tests Olympic Silver Medalist Vic Wunderle's visual skills as part of the AchieveVision™ Program at the Vision Care Institute in Jacksonville, FL.

There are several tests used to determine an individual's visual skills.

The tests span from computer-based systems to assessments that can cause a person to work up a sweat.

In addition to the AchieveVision Program, the Vision Care Institute will work with athletes and their eye doctors to provide the vision correction and contact lens fittings they may need.

In-office aberrometer allows ODs to dispense individualized CLs

WaveTouch Technologies announced the completion of certification of the Marco 3D Wave™ Analyzer as an in-office aberrometer that can provide the necessary patient information for the production of fully individualized WaveTouch™ soft contact lenses.

"We are delighted that Marco 3D Wave Analyzer has been programmed and certified as providing the patient information necessary to manufacture these innovative contact lenses," said Vincent S. Zuccaro, O.D., chairman of WaveTouch Technologies. "As such, U.S. practitioners owning a Marco 3D Wave will be among the first that will be able to dispense WaveTouch contact lenses when they are rolled out into the marketplace later this year."

"As the leader in vision diagnostics, Marco is always looking for ways to expand the applications of the 3D Wave system," said David Marco, president and CEO of Marco Ophthalmic, Inc.

"Working with WaveTouch soft contact lenses further increases the long list of exciting options wavefront aberrometry can provide your practice. The accuracy of the Marco 3D Wave gives a great starting point, which is vital to getting a good fit and optimum VA," he said.

WaveTouch soft contact lenses are made from patient information gathered from in-office aberrometry readings that measure both lower and higher order aberrations.

Once the initial aberrometry assessment is complete, the measurements are retaken over a specially designed acquisition lens, which yields lens positioning and refractive data for that patient. The data is then transferred to WaveTouch Technologies, where the patient's individualized lenses are manufactured and sent back to the practitioner within a few days.

Optos receives Queen's Award for Enterprise

Optos received the 2007 Queen's Award for Enterprise under the category of international trade. The award was presented by Her Majesty Queen Elizabeth II to Optos Chief Executive Officer Thomas W. Butts at Buckingham Palace on July 18.

"We know that the standards required to win this award are extremely high, and it exemplifies the excellent work being carried out by our employees," said Butts. "It also reflects the confidence our customers around the world have in our technology for helping them deliver a higher standard of health care."

The Award is made each year by Her Majesty Queen Elizabeth on the advice of the British prime minister.

MEETINGS

September

THE ART & SCIENCE OF OPTOMETRIC CARE—A BEHAVIORAL PERSPECTIVE, 2007
Sept. 6-10
Grand Rapids, Michigan. Presented by OEP CLINICAL CURRICULUM.
Contact: Theresa Krejci, 800/447-0370 or visit www.babousa.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION 38TH ANNUAL COLORADO VISION TRAINING CONFERENCE
Sept. 7-9, 2007
YMCA of the Rockies, Estes Park, Colorado
George Hertneky, O.D.
970/842-5166
hertnekyg@mac.com.

FALL CONFERENCE
VERMONT OPTOMETRIC ASSOCIATION
Sept. 7-9, 2007
Stoweflake Resort and Conference Center, Stowe, Vermont
Lisa Martin Eriksson, O.D.
802/434-4866
Eriksson@gmavt.net

SOUTHERN COLLEGE OF OPTOMETRY
SCO ALUMNI HOMECOMING AND CONTINUING EDUCATION WEEKEND
Sept. 13-16, 2007
Memphis, Tennessee
Kristin Anderson, O.D.
901/722-3356 or
901/722-3234
ce@sco.edu
www.sco.edu

MAINE OPTOMETRIC ASSOCIATION
SEPTEMBER "FALL" CONFERENCE
Sept. 14-16, 2007, The Samoset Resort, Rockport, ME
Joann Gagne
207/626-9920
Moa.office@maineeyedoctors.com
www.maineeyedoctors.com

PSS 2007: FORUM ON OPTOMETRY
Sept. 14-16, 2007
Mystic Marriott, Groton, Connecticut
203/415-3087
education@psseyecare.com
www.psseyecare.com

PENNSYLVANIA OPTOMETRIC ASSOCIATION
COMPREHENSIVE GLAUCOMA UPDATE & CLINICAL CARE AND CODING
September 15, 2007
Blair County Convention Center, Altoona, Pennsylvania
Ilene Sauertieg
717/233-6455
Ilene@poaeyes.org
www.poaeyes.org

MINNESOTA OPTOMETRIC ASSOCIATION FALL MEETING
Sept. 21-22, 2007
St. Cloud Civic Center, St. Cloud,
Jessica E. Miller
952/841-1122
Jessica@mneyedocs.org
www.minnesotaoptometrists.org

NEW MEXICO OPTOMETRIC ASSOCIATION
NEW MEXICO OPTOMETRIC ASSOCIATION MID-YEAR CONVENTION
September 21-22, 2007
Albuquerque, NM
Richard Montoya
505/751-7242
FAX: 505/751-7243
fleece@laplaza.org

ILLINOIS OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
Sept. 27-30, 2007
Itasca, IL Charlene Marsh
800/933-7289 or
217/525-8012
ioabb@ioaweb.org
www.ioaweb.org

NSU COLLEGE OF OPTOMETRY AND THE FLORIDA OPTOMETRIC ASSOCIATION
2007 LEAGUES UNDER THE CE
Sept. 27-30, 2007
Atlantis Hotel and Casino, Paradise Island, Nassau, Bahamas
Lorena Lizausaba
954/262-4224
oceaa@nsu.nova.edu
http://optometry.nova.edu/ce/leagues/index.html

KOA FALL CONFERENCE
KENTUCKY OPTOMETRIC ASSOCIATION
Sept. 28-30, 2007
Radisson Hotel, Covington, Kentucky
sarah@kyeyes.org

VIRGINIA OPTOMETRIC ASSOCIATION
2007 FALL CONFERENCE
Sept. 29-30, 2007
Ritz-Carlson Hotel, Tysons Corner, VA
Bruce B. Keeney, Sr.
804/643-0309
voaeyedocs@aol.com
www.voaeyedocs.org

AEA CRUISE SEMINAR – Canada/New England
Sept. 29-Oct. 6, 2007
888/638-6009
aeacruises.aol.com
optometriccruiseseminars.com

NEW ENGLAND PROFESSIONAL CONFERENCES
NATIONAL CORNEA AND ANTERIOR SEGMENT SOCIETY REGIONAL MEETING
Sept. 30, 2007
Holiday Inn-Plainview Long Island, Plainview, NY
Janet Swartz
978/470-3500 or 877-825-2020
FAX: 978/470-4520
nepc@comcast.net
www.neconferences.com

AEA CRUISE SEMINAR – MEDITERRANEAN COLLECTION
Sept. 29-Oct. 11, 2007
Royal Princess
888/638-6009
aeacruises.aol.com
optometriccruiseseminars.com

October

IOA FALL SEMINAR
INDIANA OPTOMETRIC ASSOCIATION
Oct. 3-4, 2007
Whittenberger Auditorium, Bloomington, Indiana
www.ioa.org

OPTOMETRIC EXTENSION PROGRAM
VT/LEARNING RELATED VISUAL PROBLEMS (OEP CLINICAL CURRICULUM)
October 3-7, 2007
Phoenix, Arizona
Theresa Krejci
800 447 0370
www.babousa.org

VISION EXPO WEST
Oct. 4-6, 2007
Las Vegas, NV
www.visionexpowest.com

EAST/WEST EYE CONFERENCE
Oct. 4-7, 2007
Cleveland, OH
www.eastwesteye.org

MISSOURI OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
Oct. 4-7, 2007
Ritz-Carlson, St. Louis, Missouri
Joyce Baker
573/635-6151
www.moeyecare.org

CHILDREN'S VISION AND LEARNING CONFERENCE
Wichita Airport Hilton, Wichita, KS
Oct. 5, 2007

KANSAS OPTOMETRIC ASSOCIATION
FALL EYECARE CONFERENCE
Oct. 5-7, 2007
Airport Hilton, Wichita, KS
info@kansasoptometric.org
www.kansasoptometric.org

FALL OPTOMETRIC EDUCATION CONFERENCE
GEORGIA OPTOMETRIC ASSOCIATION
Oct. 6-8, 2007
University of Georgia, Athens, Georgia
800/949-0060
www.goaeyes.com

NEW ENGLAND PROFESSIONAL CONFERENCES
NATIONAL GLAUCOMA SOCIETY REGIONAL MEETING
Oct. 7, 2007
Desmond Hotel and Conference Center, Malvern, Pennsylvania
Janet Swartz
978/470-3500 or
877/825-2020
nepc@comcast.net
www.neconferences.com

39TH ANNUAL CONTACT LENS & PRIMARY CARE SYMPOSIUM
Michigan Optometric Association
Lansing Center, Lansing, Michigan
Oct. 10-11, 2007
www.themoa.org

NORTH DAKOTA OPTOMETRIC ASSOCIATION
ANNUAL CONGRESS
October 11-13, 2007
Ramada Plaza Suites, Fargo, North Dakota
Nancy Kopp
701/258-6766
FAX: 701/258-9005
ndoa@btinet.net
www.ndeyecare.info

GREAT WESTERN COUNCIL OF OPTOMETRY
GWCO Congress 2007
Oct. 11-14, 2007
Oregon Convention Center and DoubleTree Lloyd Center, Portland, Oregon
Martin L. Wangen, CAE
406/443-1160
FAX: 406/443-4614
mwangen@rmsmanagement.com
www.gwco.org

HUDSON VALLEY OPTOMETRIC SOCIETY FALL SEMINAR
HUDSON VALLEY OPTOMETRIC SOCIETY
Oct. 12, 2007
Hotel Thayer at West Point, NY
Dr. Daniel Lack
845/336-6124
dlack@hvc.rr.com

OKLAHOMA ASSOCIATION OF OPTOMETRIC PHYSICIANS
PIONEERS IN OPTOMETRY REGIONAL CONFERENCE
Oct. 13-15, 2006
Renaissance Hotel, Tulsa, OK
www.pioneersinoptometry.com

NEBRASKA OPTOMETRIC ASSOCIATION FALL CONVENTION
Oct. 19-21, 2007
Holiday Inn, Kearney, NE
Kathi Schildt
402/474-7716
noa@assocoffice.net

NEW ENGLAND PROFESSIONAL CONFERENCES
NATIONAL CORNEA AND ANTERIOR SEGMENT SOCIETY REGIONAL MEETING
Oct. 14, 2007
Holiday Inn, Marlborough, Massachusetts
Janet Swartz
978/470-3500 or
877/825-2020
nepc@comcast.net
www.neconferences.com

COVD 37TH ANNUAL MEETING
www.covd.org.
Renaissance Vinoy Resort and Golf Club, St. Petersburg, FL
Oct. 16 - Oct. 20, 2007
Jackie Cencer
888/268-3770
330/995-0718
jcencer@covd.org

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
INTERDISCIPLINARY MANAGEMENT OF THE DIABETES PATIENT
Oct. 20-21, 2007
Ft. Lauderdale, Florida
Lorena Lizausaba
954/262-4224
oceaa@nsu.nova.edu
http://optometry.nova.edu/ce/diabetes/index.html

AMERICAN ACADEMY OF OPTOMETRY
Oct. 24-27, 2007
Tampa, FL
www.aaopt.org

OPTOMETRY ASSOCIATION OF LOUISIANA
FALL GUMBO CE
Oct. 27, 2007
Holiday Inn Convention Center, Alexandria, Louisiana
Dr. Jim Sandefur
318/335-0675
FAX: 318/335-0677
optla@bellsouth.net
www.optla.org

November

ARKANSAS OPTOMETRIC ASSOCIATION ARKANSAS FALL MEETING
November 1-4, 2007 Rogers, AR
Vicki Farmer
501/661.7675
FAX: 501/72.0233
aropt@swbell.net
Vicki@arkansasoptometric.org

NEW ENGLAND PROFESSIONAL CONFERENCES
NATIONAL GLAUCOMA SOCIETY REGIONAL MEETING
Nov. 4, 2007
Highlander Hotel, Manchester, New Hampshire
Janet Swartz
978/470-3500 or 877/825-2020
FAX: 978/470-4520
nepc@comcast.net
www.neconferences.com

BRAIN VISION AND LEARNING CONFERENCE
UM-St. Louis College of Optometry
Nov. 7 and Dec. 5, 2007
314/516-5655
www.umsl.edu/~conted/bvLC

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org

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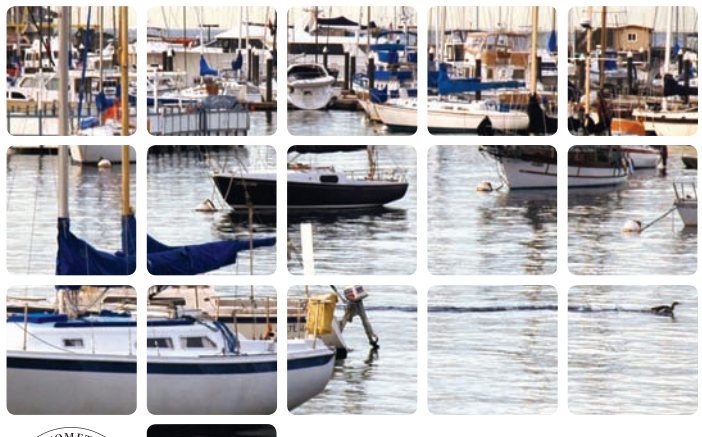
& Monterey Marriott Hotel
Monterey, California



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Human Resources
Northwest Eye Surgeons
10330 Meridian Ave N, Suite 370
Seattle, WA 98133
Fax: 206-522-1479
Email: HR@nweyes.com
Visit our website at www.nweyes.com

SHOWCASE

Association Executive Director

The Georgia Optometric Association (GOA) is seeking an experienced Executive Director. The Search Committee of the Morrow based Georgia Optometric Association is accepting applications for the position of Executive Director. This position serves as chief executive of the association which includes management of the administrative office and staff as well as facilitating board directives and policies.

Candidate must have the ability to manage multiple priorities which include but are not limited to financial management, membership relations and meetings, publications, legislative and governmental affairs, association political action and management of the Association's Foundation. Applicants must have excellent written and communication skills, general knowledge of association law and be detail oriented. Experience with a not-for-profit organization and/or health related organization is desirable. Excellent benefits.

Qualified applicants please forward your resume with salary history and three letters of reference plus cover letter to:

Bob McCullough, O.D., Chairperson
Search Committee
1000 Corporate Center Drive, Suite 240
Morrow, GA 30260

Applications accepted until October 31, 2007.

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CLEARWATER AREA, FLORIDA - Modern office/optical with 3 exam lanes, diagnostic equipment, computerized and well established. Gross 380K on 4 1/2 days per week. Asking 250K. Come live near the beach. Please reply to email at opticalls@yahoo.com.

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EAST CENTRAL CONNECTICUT- Great independent practice opportunity. Appraised value $238,625.00. Contact Practice Broker: Richard S. Kattouf, O.D., D.O.S., #800-745-3937.

HAWAII - Optmetric practice for sale in Honolulu. Located near the busy Ala Moana Shopping Center. Great opportunity. Call L. Miyamoto, O.D. at 808 949-7098

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MISSOURI – Eastern. Two practices – Total Fair Market Value $300,000.00. CONTACT PRACTICE BROKER, DR. RICHARD S. KATTOUF, O.D., D.O.S. 800/745-3937.

MONTANA - Second generation practice for sale. Situated on the Lower Yellowstone River. Excellent schools, community college, golf course, fishing, and hunting. Thriving solo practice with satellite. Contact Dr Ken Zuroff, Box 1369, Glendive, MT 59330. e-mail zuroffk@midrivers.com 406-377-6021

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New Mexico: Excellent practice for SALE in **Carlsbad, New Mexico Gross** = 620 k Contact: Dr. Reber Call (505) 392-8880

OPTOMETRISTS & CENTER DIRECTORS NEEDED LasikPlus has excellent opportunities for highly motivated and committed professionals seeking to enhance their career! We're currently looking for Optometrists and Center Directors in the following locations: 1. Fresno, CA 2. Green Bay, WI 3. Nashville, TN 4. Savannah, GA 5. Traveling OD (call for details) 6. Other locations Nationwide. We offer a competitive salary and benefits package. To become part of our exciting team please reply to: www.lasikplus.com Email: employment@lca.com PHONE:1-866-763-3030 FAX: 513-792-5626

Optometrist - Connecticut HealthDrive has a great opportunity for a caring optometrist looking to work 4 or 5 days a week in the Fairfield County area. We offer excellent compensation, including Malpractice, Health, Life, Dental, 401k, CEU, mileage, LT & ST Disability, an established patient base and a family friendly flexible schedule. If interested, please call MARIA (toll free) at 877-724-4410 or fax your CV (toll free) to 866-657-5400 email: caring@healthdrive.com

Optometrist - New Jersey - HealthDrive has a great opportunity for a caring optometrist looking to work 4 days a week in the **Trenton/Mercerville** area. We offer excellent compensation, including Malpractice, Health, Life, Dental, 401k, CEU, mileage, LT & ST Disability, an established patient base and a family friendly flexible schedule. If interested, please call MARIA (toll free) at 877-724-4410 or fax your CV (toll free) to 866-657-5400 email: caring@healthdrive.com

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SOUTHERN CALIFORNIA Busy Refractive Practice seeking a personal, outgoing Optometrist to work in our surgery centers. PT/FT positions available in Orange County, Inland Empire and Los Angeles County. Please fax resume to 626-963-2544 aten: Luz Morales

Southwest **Illinois** - Optometric Practice Fair Market Value $183,000.00. CONTACT PRACTICE BROKER: RICHARD S. KATTOUF, O.D., D.O.S. 800-745-3937.

VIRGINIA- Beautiful Shenandoah Valley. FT/PT optometrist needed for a fast growing, upscale, primary eye care practice. New, state-of-the-art equipment and facility. Employee and partnership opportunities. www.marrowfamilyeyecare.com or 540.442.7742.

WASHINGTON – Rainier Valley Optometric is seeking an optometrist full-time. Our office is located within an underserved community of southeast Seattle, which is composed of a predominantly Asian population. Candidate must: 1) be licensed in the state of Washington with full therapeutic privileges; 2) possess a minimum of three years experience in therapeutic, contact lens and low vision care; 3) be comfortable working with a diverse ethnic population, especially working within the Asian community; 4) be fluent in two of the following languages: Vietnamese, Cantonese, Mandarin and/or Taiwanese. Interested applicants should fax a resume and cover letter to (206) 722-2211 Attn: Wilbur Susilasate, O.D.

Washington State – Central Successful, well established practice with state of the art instruments and professional building for sale. Located in growing area with diverse economy including high tech companies. Many recreational opportunities. Email: eyecare_2020@hotmail.com

Miscellaneous

AMAZING - FINANCING -100% - Acquisition, Debt Consolidation, Equipment, Real Estate, Working Capital. Fast Approvals, Low Rates, Terms~15 Years. ProMed Financial, Inc.~ 888-277-6633 or email info@promed-financial.com

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Hands-on Clinical Training in Vision Therapy is available from OEP for you and your staff at four US sites. Call now for information 800 447 0370

I NEED FRAMES, temples, bridges stamped 1/10th 12kG.F. (gold filled). New, old stock, or Used. Full, Semi, or Rimless styles. Contact GF Specialties, Ltd. 800/351-6926.

Equipment for Sale

Monocular Indirect substitue Led handle, uses (3 aaa batteries) plus **free** 15 dioptor BIO lens $139.95 plus $7.95 shipping. Supply limited, satisfaction guaranteed. Call Dr. Dunn 806-745-2222

MONOCULAR INDIRECT OPHTHALMOSCOPE light source. This LED light is brighter and more brilliant then the original light source by far! It is powered by 3 AA batteries. My supplies are not limited. Cost $100 plus $6.95 for shipping. Call 503 292 5221.

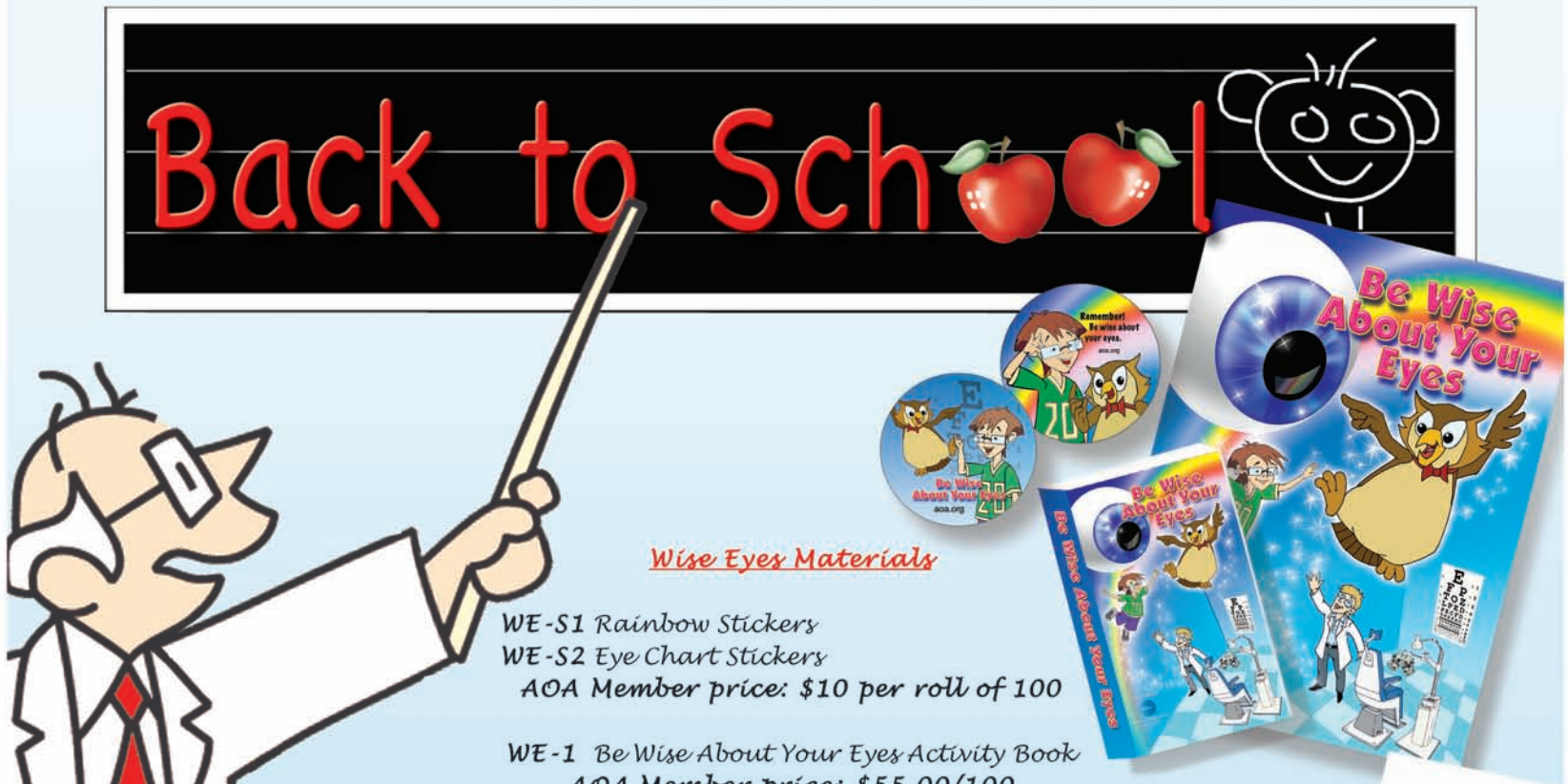
Palm Desert, CA: Optical (complete) with display units & risers, reception desk, dispensing tables. Equip that 2nd office inexpensively call Karen @ 760-578-5034

Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are are as follows: 1 column inch = $50 (40 words maximum) 2 column inches - $100 (80 words maximum) 3 column inches = $150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com or by fax at 212.633.3820 attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year(one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock - Elsevier ad sales contact - at 212.633.3986 for advertising rates for all classifieds and showcase ads.

Back to School



Wise Eyes Materials

WE-S1 Rainbow Stickers
WE-S2 Eye Chart Stickers
AOA Member price: $10 per roll of 100

WE-1 Be Wise About Your Eyes Activity Book
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$48.00/75, $40.00/50, $30.00/25

WE-D Be Wise About Your Eyes DVD
WE-V Be Wise About Your Eyes VHS
AOA Member price: $20.00(DVD or VHS)

C Series Pamphlets

C1 - Your Preschool Child's Eyes
C2 - A Look at Reading and Vision
C3 - Your School-Age Child's Eyes
C10 - A Teacher's Guide to Vision Problems
C20 - Toys, Games and Your Children's Vision
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Mail this completed order form to: American Optometric Association
Attn: Order Department, 243 N. Lindbergh Blvd, Flr 1, St. Louis, MO 63141-7881
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	STATE SALES TAX	
	TOTAL	

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